



RUFKATU DANJUMA MATERNITY

PROJECT REPORT

YEAR 3

PROJECT OF:



TY DANJUMA
FOUNDATION

IN COLLABORATION WITH:



MANAGED &
OPERATED BY:



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IMPACT HIGHLIGHTS

DECEMBER 2017 - DECEMBER 2020
3-YEAR STATISTICAL OVERVIEW

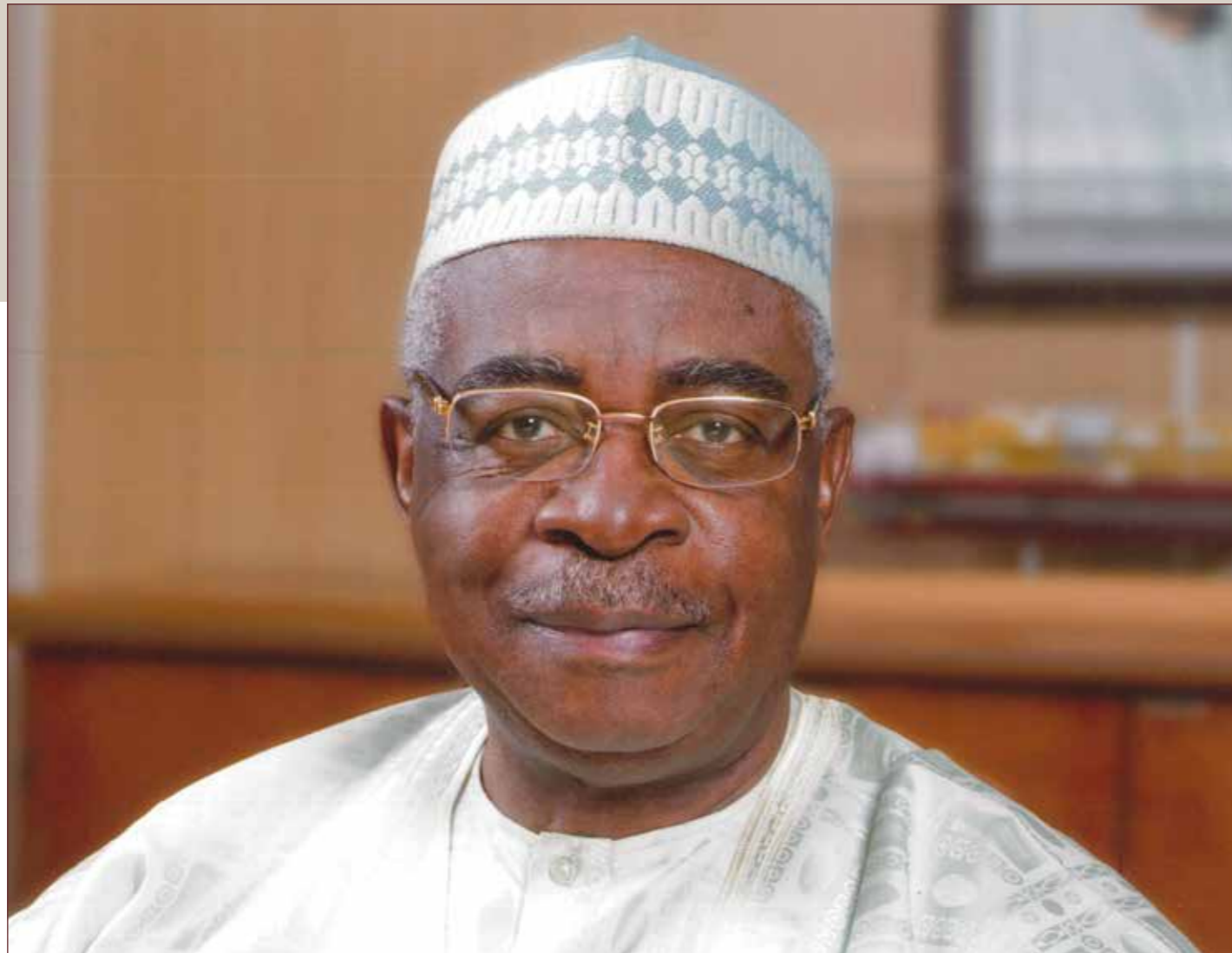
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|----------------------------------|--------|
| Patient registrations | 6,584 |
| Patient consultations | 13,228 |
| Ward admissions | 2,872 |
| Infants delivered | 1,171 |
| Sets of twins/triplets delivered | 20 |
| Caesarean sections | 310 |
| Surgical procedures (other) | 288 |
| Ultrasound scans | 2,917 |
| Immunisations given | 18,470 |
| Laboratory tests performed | 25,600 |
| EMT Keke ambulance journeys | 1,509 |

PATRONS

LT. GEN. THEOPHILUS YAKUBA DANJUMA

Lt. Gen. Theophilus Yakubu Danjuma (Rtd.) GCON is the Chairman and Founder of TY Danjuma Foundation. He is from Takum Local Government Area in Taraba State. Lt. Gen. Danjuma had an illustrious career in the Nigerian army retiring as Chief of Army Staff. He has also held top advisory positions to

previous and the current president of Nigeria as Chairman of Presidential Advisory Councils. Lt. Gen. TY Danjuma is an astute, successful businessman and philanthropist. It is his impressive track record of philanthropic giving that culminated in the establishment of the TY Danjuma Foundation.



HIS EXCELLENCY, ARC. DARIUS DICKSON ISHAKU

His Excellency, Arc. Darius Dickson Ishaku, the Executive Governor of Taraba State, was elected to office in 2015. He was born in Lupwe in present Ussa Local Government Area of Taraba State on 30th July 1954 to the family of Mr. and Mrs. Naomi and Ishaku Istifanus. In the area of community service and health care, His Excellency has been passionate and committed. This was affirmed through the support and collaboration with TY Danjuma Foundation and Development Africa to reduce infant mortality

in the State and improve maternal health in rural areas. For this purpose, the Taraba State Government provided the land for the Rufkatu Danjuma Maternity, sponsored a laboratory, donated a Keke ambulance, seconded State medical personnel, provided four additional accommodation units for doctors and medical personnel at the RDM, and sponsored a tennis court as part of a recreational facility to encourage medical personnel from across Nigeria to serve at the hospital.

INTRODUCTION



Maternal health refers to the health of women during three stages: pregnancy, childbirth and in the final postnatal period. From its inception in December 2017, the team at the Rufkatu Danjuma Maternity works hard to make each stage as positive an experience as it can be, ensuring that both mother and infant are safe, healthy, and well cared for.

Nigeria is the country where nearly 20% of all global maternal

deaths happen and a Nigerian woman has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum¹. The severity of the risk to expectant mothers in Nigeria highlights the importance of the services provided at the Rufkatu Danjuma Maternity.

Nigerians on average pay for 77% of health expenditure out-of-pocket, resulting in the poorest of Nigerian's having very

limited access to quality health care². The RDM's goal to provide exceptional health services at a very subsidised rate means that the poorest residents can afford quality care. No-one is turned away from receiving care as the facility is built to serve all members of the local communities, regardless of their economic status.

¹<https://www.who.int/reproductivehealth/maternal-health-nigeria/en/>

²<https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=NG>



YEAR IN REVIEW

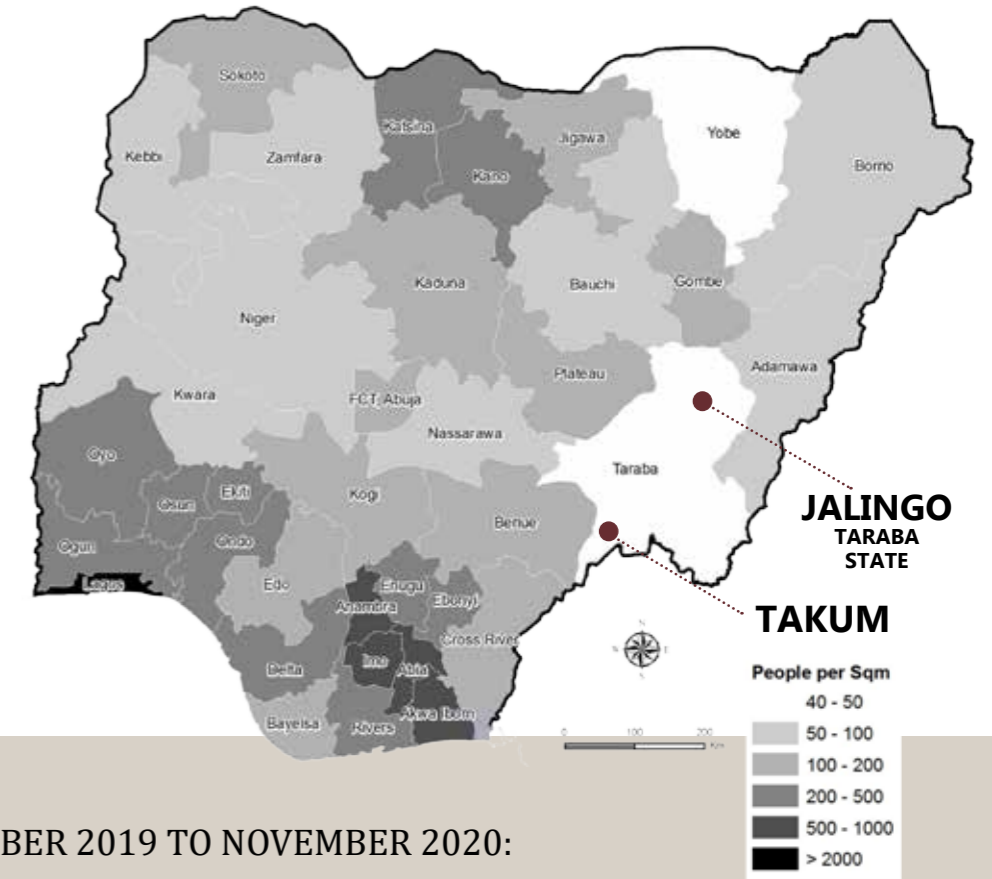
Throughout the past year, the Rufkatu Danjuma Maternity has continued to provide exceptional maternity and under-5 care and services to the people of Takum and its environs.

wide, however, attending to the health needs of women and infants during pregnancy and childbirth has continued at a stable pace.

2019 and November 2020, 1,913 new patients registered at the RDM, bringing the total number of patients registered to 6,584.

2020 has been a year of health and economic challenges world-

The RDM received a steady stream of patients throughout 2020 and between December



HIGHLIGHTS FROM DECEMBER 2019 TO NOVEMBER 2020:

- New Registrations: 1,913
- Patient Consultations: 4,107
- Ward Admissions: 988
- Deliveries: 430
- Caesarean: 139
- Ultrasound Scans: 1,027
- Surgical Procedures: 83
- Vaccinations: 7,525
- Laboratory Tests: 10,269
- EMT Ambulance Journeys: 500



FACILITY

The RDM is operated by a team of 38 staff, including doctors, midwives, nurses, sonographer, laboratory scientist and technicians, administrative, and other support staff. In addition, a consultant Obstetrician/Gynaecologist, Medical Officer, and other nursing staff have been seconded to the RDM from Taraba State Ministry of Health.

As the RDM is equipped with high-quality medical equipment, the medical team have the tools they need to provide efficient, effective, and quality health care services to the patients.

With the addition of the blood bank donated by T.Y. Danjuma Foundation and a fully equipped laboratory sponsored

by Taraba State Government, the RDM investigates and provides full blood supply/storage services on the premises. This further elevates the hospital's capacity to provide optimal and comprehensive maternal and infant medical care for the region.



SERVICES

The RDM facility is open every day, including weekends and public holidays. It is open 24-hours and attends to outpatients, inpatients and emergencies that are related to pregnant women and children aged 0-5.

Three Emergency Mobile Transport (EMT) keke ambulances transport women in labour or very ill patients to the hospital. These vehicles also

transport patients who are weak but otherwise fit for discharge from hospital to their homes. 500 trips were made using the keke ambulances from December 2019 to November 2020.

- Outpatient Clinic: open 24 hours
- Child Outpatient Clinic: open 24 hours
- Antenatal Care and Training
- Immunisation Service: Tuesdays

- Ultrasound Services
- Medical and Surgical Emergencies: open 24 hours
- Deliveries: open 24 hours
- In-house Admissions: open 24 hours
- Laboratory Investigations: open 24 hours
- Emergency Mobile Transport (EMT) keke ambulance services



Emergency Mobile Transport

Journeys (OPEN 24 HOURS)

| | |
|---------|----|
| Dec -19 | 53 |
| Jan -20 | 58 |
| Feb -20 | 56 |
| Mar -20 | 65 |
| Apr -20 | 71 |
| May -20 | 44 |
| Jun -20 | 40 |
| Jul -20 | 39 |
| Aug -20 | 28 |
| Sep -20 | 24 |
| Oct -20 | 16 |
| Nov -20 | 6 |



MATERNITY

From December 2019 to November 2020 the medical staff successfully delivered fourteen sets of twins. Although multiple births are considered high risk, all 28 babies and their mothers are healthy and fully recovered. In addition to the twins, 388 single new-borns were delivered during the year.

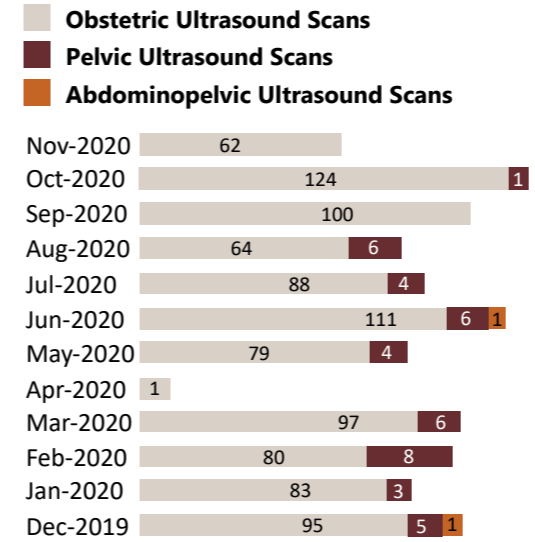
Delivery teams of doctors

and midwives are available at all hours of the day, rapidly responding appropriately to changes in the clinical states of those admitted to the wards and delivery suite. Emergency surgical intervention and caesarean section operations are used where necessary to ensure the best outcome for mother and new-born.

Patient care is front and centre of the thoughts of the RDM's staff. Whether it is in the laboratory, the ultrasound room, the lying-in wards, the vital signs room, the delivery suite, and in the consulting rooms, staff continually ensure that patients who visit the facility get the best care and counselling possible using the most appropriate personnel and technology.



SCANS



LABORATORY

The RDM laboratory was commissioned in January 2019. Since then, it has greatly expanded the capacity of the RDM to detect and promptly manage evolving clinical conditions, thereby preventing avoidable morbidity. Investigations are performed at all hours of the day and range in scope from haematological to chemical

investigations. Frequent quality control checks and procedures help us to ensure that tests are error-free and therefore that results are as accurate as possible. At the same time, tests continue to be provided at minimal cost, ensuring that all community members have access to high standards of good quality comprehensive

healthcare.

Since the deployment of the laboratory, 18,470 non-imaging tests have been performed, with the largest number of these tests (11.97%) being HIV tests. There have been similar percentages of tests for VDRL, anti-HCV, and HBsAg.



IMMUNISATION

The immunisation of women and children at the RDM has recorded tremendous success during the year in review. More chairs were purchased to accommodate the ever-increasing number of mothers who bring their children to the facility for vaccinations against killer diseases.

Working in collaboration with the government immunisation team we have immunised a total of 18, 470 people between December 2018 and November 2020. These services are provided free of charge to all attendees. Beneficiaries do not have to be registered patients of the RDM.



ANTENATAL LECTURES

World Health Organisation recommends that a woman see her health provider at least eight times during her pregnancy to detect and manage potential problems and reduce the likelihood of a stillbirth or neonatal death. Antenatal care also offers an opportunity for health workers to provide a range of support and information to pregnant women, including on healthy lifestyles, preventing diseases, and family planning.

In Nigeria, over one third of pregnant women do not attend antenatal care (ANC) during pregnancy even though ANC is vital to the health of the mother and the development of the foetus. The RDM team strives to provide ANC education for all expectant mothers and engages with community members to promote the importance of regular check-ups and antenatal care.

Antenatal education provided to RDM patients delivers information on subjects such as good hygiene, dietary habits and healthy nutrition during pregnancy, postpartum recovery, exclusive breastfeeding, adequate rest and work management, multiple infant care for twins and triplets, pregnancy and foetal danger signs, pregnancy complications, signs of labour, etc.

Comprehensive antenatal care and education teaches mothers

what to expect during pregnancy and delivery, and potential signs of distress or complications. This knowledge plays an important role in preventing complications that could arise from delayed presentation to the hospital when in labour or if problems arise during pregnancy.

In September 2020, Mrs. Moses Adi, a community

representative and chief nursing officer, was invited to attend the weekly antenatal class and talked to the expectant mothers on recommended maternity nursing practice and medical procedures. This is one example of how the RDM staff work together with community representatives to expand the reach of antenatal education and knowledge in the community.



STAFF TRAINING

To provide the best medical care, the RDM staff undergo frequent training to update their knowledge on global improvements with respect to obstetric care and early neonatal care, including approaches to neonatal resuscitation.

In 2020, staff were trained on the following subject areas:

- Management of Life - Threatening Bronchopneumonia in Infancy
- Managing Workplace Interpersonal Tensions and Conflicts
- Management of the Preterm VLBW Neonate
- Blood Transfusions in a Maternity: Indications and Precautions
- The Place of Cloud Storage in Management of Patients' Records
- Customer Relations: Handling Uncooperative Patients and Relatives
- Customer Relations: Communicating Fees to Patients



MEDICAL INTERNSHIPS

The RDM engages proactively in teaching the next generation of medical professionals in Taraba State and Nigeria through providing internship opportunities, ranging from two weeks to six months, to students of relevant subjects from the College of Health Technology, Takum. In 2020 the RDM provided internships for 13 students on two-month rotations.

The internship opportunity provides hands-on experience for

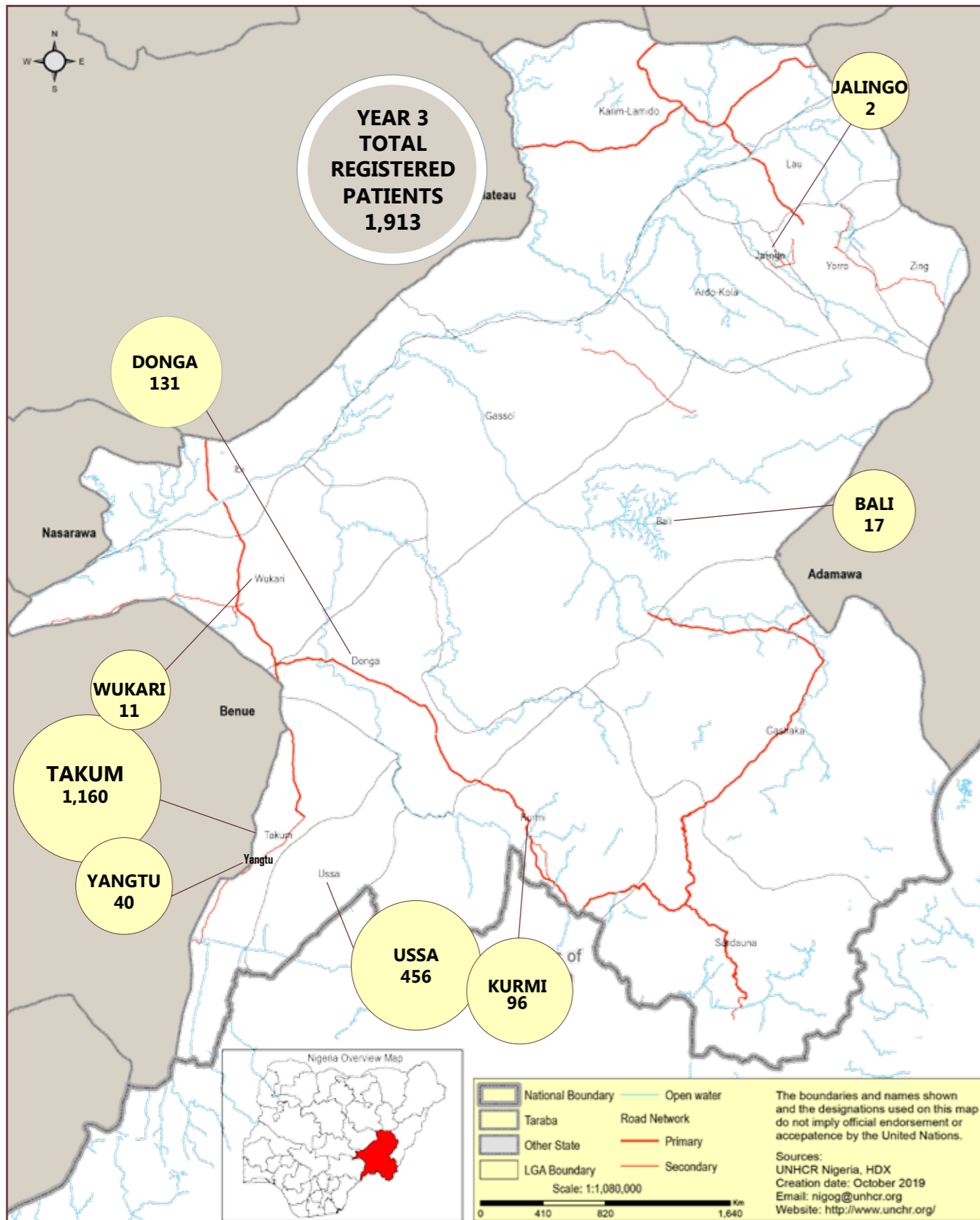
the students in the management of patients as they observe all steps of hospital-patient interactions from their presentation in the Emergency Room and in the Outpatient Unit, to the taking of vital signs and the provision of emergency resuscitative measures, the conduct of certain laboratory investigations, and the care of admitted patients on the wards.

The interns are encouraged to ask questions about concepts that

they see in practice as they attend sessions. The training provided during these internship sessions allows them to see in practice many of the concepts that they have been taught in class but for which they have hitherto not found real-world applications. Feedback we have received from those who have passed through the internship programme is that, because of their time spent at the RDM, they return to their studies with a clearer insight into their subject matter.



MAP



STATISTICS 2017-2020

Spotlight on Nigeria: Close to 200 million people inhabit Nigeria, considered Africa's most populous country. Nigeria is also the country where nearly 20% of all global maternal deaths happen. Between 2005 and 2015, it is estimated that over 600,000 maternal deaths and no less than 900,000 maternal near-miss cases occurred in the country.

In 2015, Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100,000 live births, with approximately 58,000 maternal deaths during that year. By comparison, the total number of maternal deaths in 2015 in the 46 most developed countries was 1,700, resulting in a maternal mortality ratio of 12 maternal deaths per 100,000 live births. A Nigerian woman

has a 1 in 22 lifetime risk of dying during pregnancy, childbirth, or postpartum/post-abortion, whereas in the most developed countries, the lifetime risk is 1 in 4900.

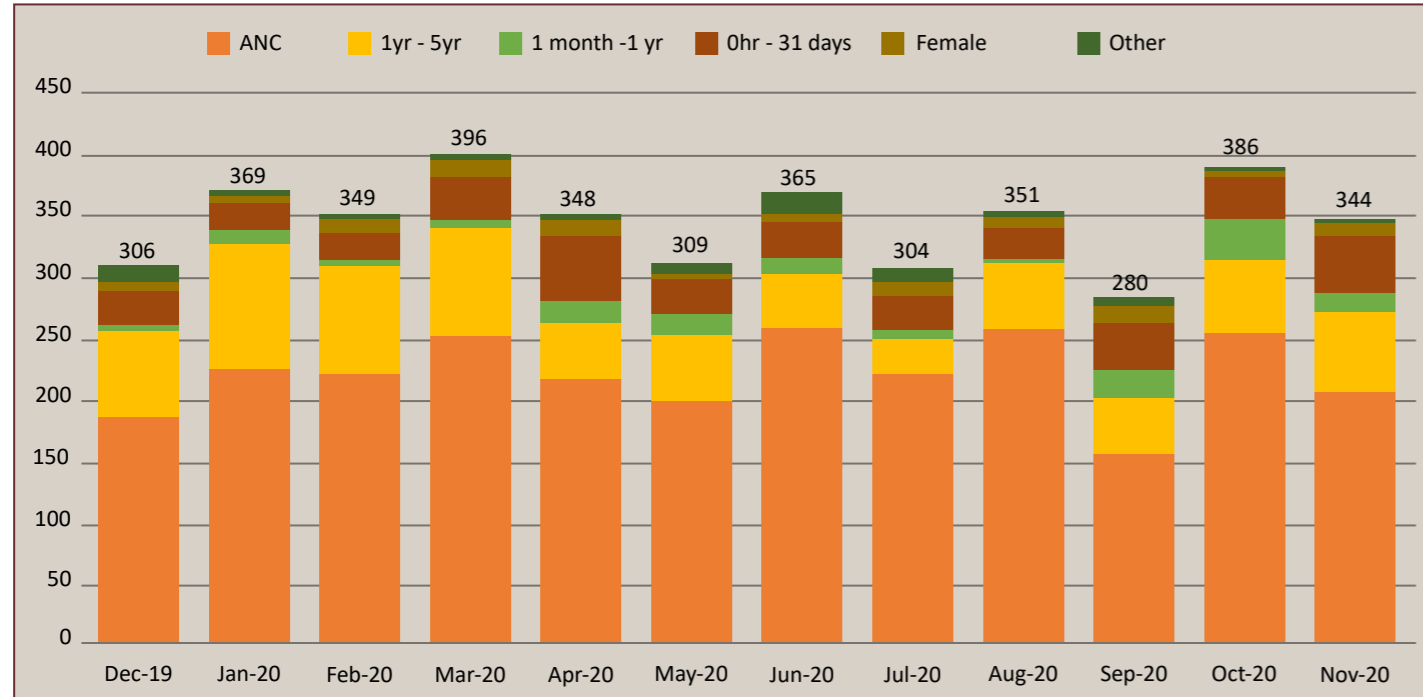
**<https://www.who.int/reproductivehealth/maternal-health-nigeria/en/>*

STATISTICS 2017-2020

| DESCRIPTION | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | Total |
|-------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| ANC Consultation | 619 | 704 | 713 | 746 | 694 | 741 | 749 | 758 | 756 | 612 | 738 | 633 | 8,463 |
| Consultation 1-5 years | 211 | 292 | 251 | 260 | 192 | 213 | 199 | 205 | 197 | 185 | 237 | 220 | 2,662 |
| Infant Consultation 1-12 months | 32 | 47 | 32 | 44 | 43 | 41 | 35 | 26 | 22 | 40 | 60 | 37 | 459 |
| Neonatal Consultation 0-1 month | 85 | 68 | 69 | 110 | 126 | 96 | 78 | 93 | 90 | 103 | 110 | 117 | 1,145 |
| Adult Female Consultation (non ANC) | 24 | 22 | 21 | 34 | 30 | 21 | 21 | 33 | 31 | 23 | 19 | 23 | 302 |
| Others Consultation | 19 | 21 | 29 | 16 | 9 | 21 | 21 | 15 | 12 | 11 | 14 | 9 | 197 |
| ANC Card Registration | 295 | 338 | 281 | 297 | 241 | 281 | 304 | 294 | 235 | 241 | 266 | 232 | 3,305 |
| Child under 5 Registration | 109 | 225 | 194 | 167 | 93 | 134 | 126 | 117 | 137 | 136 | 172 | 183 | 1,793 |
| Registration of Delivered Infants | 70 | 64 | 61 | 114 | 114 | 88 | 68 | 80 | 83 | 90 | 123 | 117 | 1,072 |
| Other Registration | 30 | 38 | 30 | 27 | 32 | 26 | 23 | 23 | 19 | 9 | 6 | 16 | 279 |
| Female Registration | 12 | 8 | 13 | 23 | 12 | 10 | 5 | 17 | 9 | 11 | 10 | 5 | 135 |
| Deliveries Non-Surgical | 58 | 56 | 62 | 97 | 102 | 65 | 53 | 62 | 64 | 65 | 95 | 82 | 861 |
| Deliveries Caesarean | 16 | 17 | 22 | 24 | 25 | 37 | 25 | 29 | 23 | 26 | 37 | 29 | 310 |
| Surgery: Exploratory Laparotomy | 0 | 2 | 2 | 2 | 5 | 0 | 4 | 12 | 9 | 5 | 3 | 23 | 67 |
| Surgical Procedures - minor | 5 | 20 | 13 | 19 | 21 | 26 | 15 | 17 | 21 | 20 | 22 | 22 | 221 |
| Labour Ward Admissions | 114 | 99 | 111 | 167 | 163 | 163 | 120 | 148 | 126 | 124 | 178 | 158 | 1,671 |
| Paediatric Ward Admissions | 54 | 117 | 99 | 100 | 63 | 85 | 83 | 68 | 83 | 87 | 113 | 92 | 1,044 |
| Other Admissions | 7 | 10 | 13 | 16 | 13 | 14 | 17 | 17 | 23 | 7 | 12 | 8 | 157 |
| Obstetric Ultrasound Scan | 196 | 184 | 205 | 252 | 159 | 275 | 312 | 289 | 227 | 235 | 226 | 228 | 2,788 |
| Pelvic Ultrasound Scan | 9 | 12 | 19 | 17 | 5 | 6 | 11 | 14 | 13 | 7 | 5 | 2 | 120 |
| Abdominal Ultrasound Scan | 2 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 9 |
| Vaccinations | 1,134 | 1,534 | 1,200 | 941 | 1,545 | 1,750 | 1,755 | 1,923 | 1,754 | 1,257 | 1,946 | 1,731 | 18,470 |
| Laboratory Tests | 1,729 | 2,283 | 1,664 | 2,218 | 2,045 | 2,451 | 2,240 | 2,327 | 2,050 | 2,023 | 2,075 | 2,495 | 25,600 |
| Ambulance Keke Journeys | 108 | 100 | 134 | 215 | 164 | 144 | 138 | 131 | 101 | 73 | 108 | 93 | 1,509 |

STATISTICS Year 3

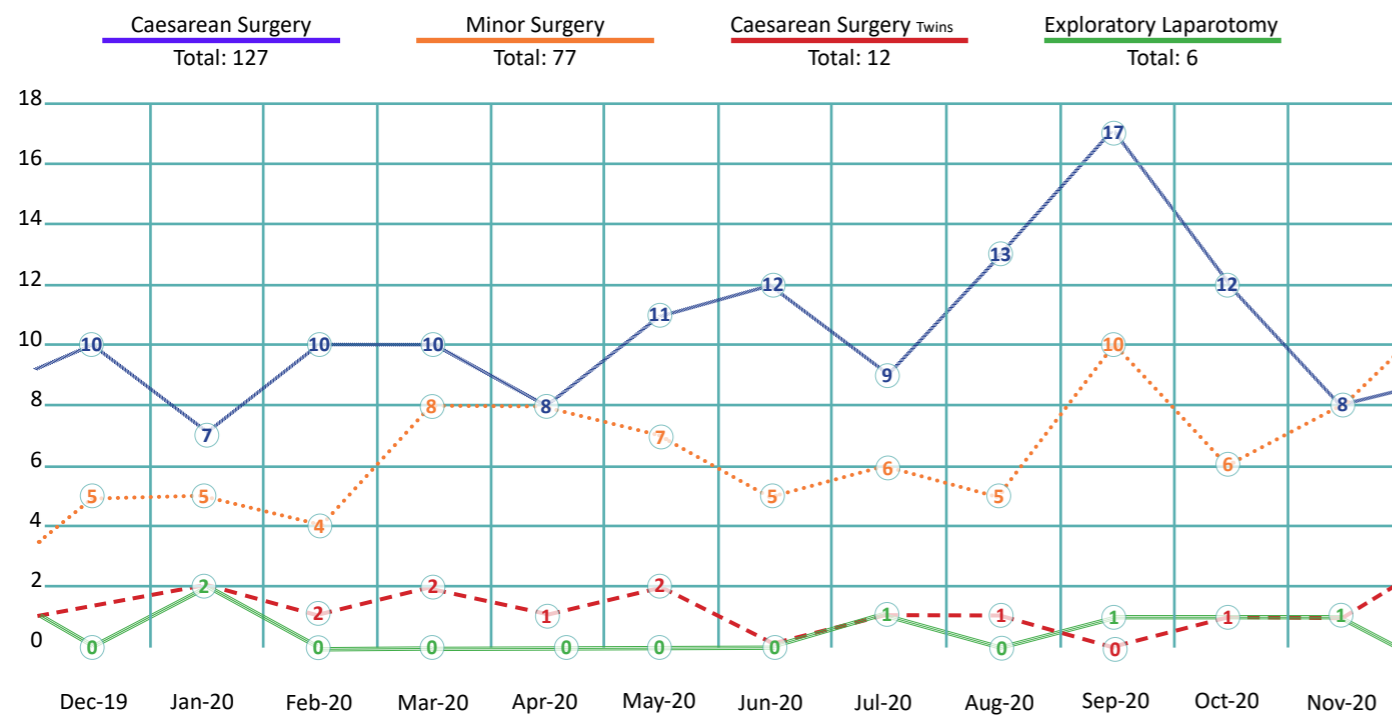
TOTAL PATIENT CONSULTATIONS: Dec 2019 - Nov 2020



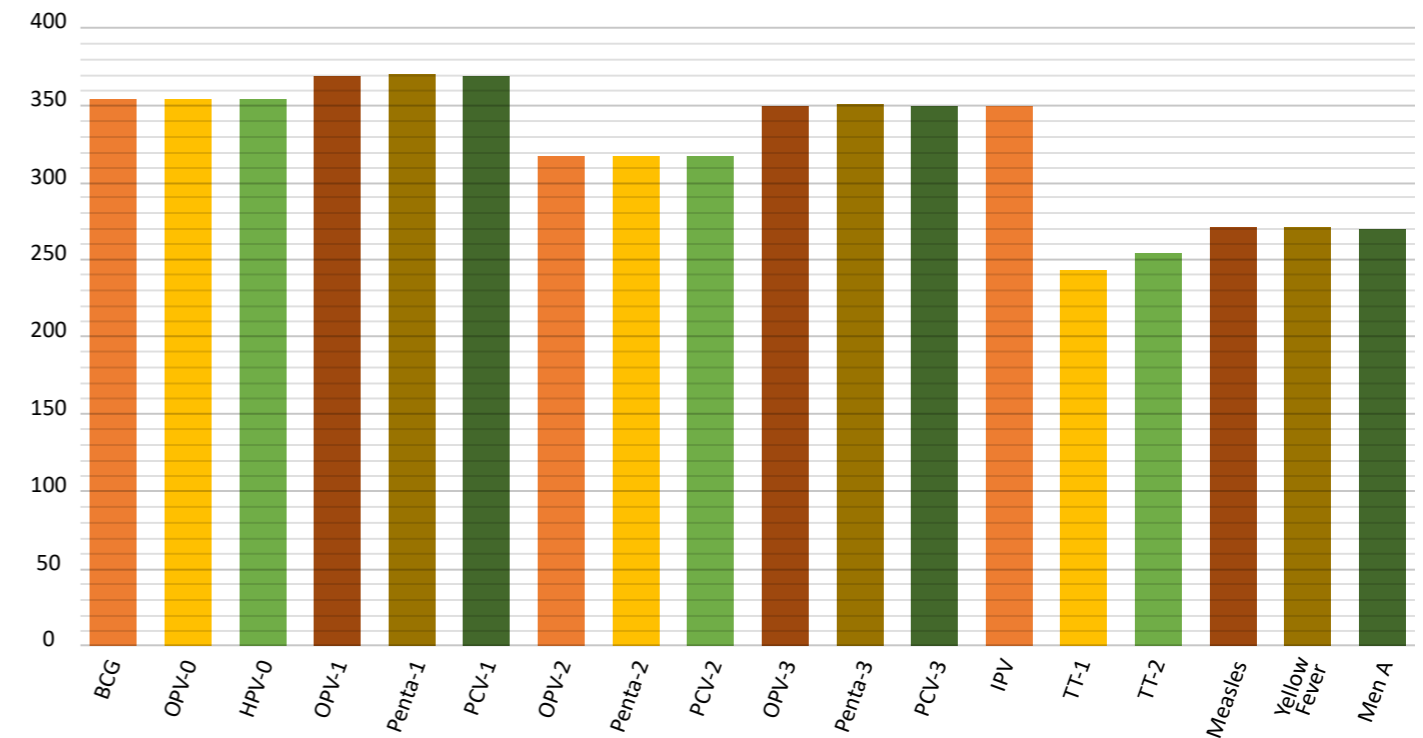
LABORATORY: Dec 2019 - Nov 2020

| DESCRIPTION | DEC-19 | JAN-20 | FEB-20 | MAR-20 | APR-20 | MAY-20 | JUN-20 | JUL-20 | AUG-20 | SEP-20 | OCT-20 | NOV-20 | Total |
|--------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|------------|--------------|---------------|
| Hepatitis B | 95 | 87 | 90 | 112 | 109 | 86 | 109 | 99 | 98 | 105 | 94 | 106 | 1,190 |
| Anti-HCV | 95 | 85 | 88 | 109 | 107 | 86 | 100 | 99 | 96 | 104 | 98 | 110 | 1,177 |
| VDRL (Syphilis) | 95 | 85 | 86 | 107 | 106 | 84 | 108 | 97 | 96 | 106 | 97 | 109 | 1,176 |
| RVS (HIV) | 95 | 86 | 88 | 110 | 109 | 88 | 107 | 100 | 98 | 106 | 100 | 113 | 1,200 |
| Urinalysis | 96 | 84 | 91 | 120 | 79 | 73 | 96 | 96 | 69 | 76 | 85 | 79 | 1,044 |
| Blood Glucose | 3 | 27 | 5 | 15 | 0 | 26 | 0 | 6 | 13 | 40 | 10 | 29 | 174 |
| Pregnancy Test | 14 | 14 | 11 | 18 | 27 | 21 | 14 | 17 | 6 | 17 | 16 | 12 | 187 |
| PCV (Packed Cell Volume) | 132 | 78 | 0 | 17 | 126 | 124 | 1 | 0 | 0 | 132 | 177 | 132 | 919 |
| Blood Group | 102 | 82 | 92 | 104 | 116 | 94 | 96 | 102 | 98 | 97 | 92 | 95 | 1,170 |
| Crossmatching | 11 | 12 | 14 | 17 | 22 | 14 | 17 | 19 | 26 | 30 | 15 | 25 | 222 |
| Haemoglobin Genotype | 52 | 26 | 12 | 25 | 31 | 34 | 52 | 28 | 47 | 52 | 58 | 69 | 486 |
| Full Blood Count (FBC) | 9 | 20 | 18 | 17 | 5 | 14 | 13 | 6 | 14 | 15 | 19 | 35 | 185 |
| Malaria Parasites (MP) | 46 | 90 | 55 | 87 | 40 | 79 | 59 | 53 | 59 | 87 | 89 | 107 | 851 |
| Widal Test | 2 | 7 | 1 | 8 | 6 | 7 | 2 | 7 | 2 | 7 | 3 | 14 | 66 |
| Blood Donor | 11 | 12 | 14 | 17 | 22 | 14 | 17 | 19 | 26 | 30 | 15 | 25 | 222 |
| TOTAL | 858 | 795 | 665 | 883 | 905 | 844 | 791 | 748 | 748 | 1,004 | 968 | 1,060 | 10,269 |

SURGERIES: Dec 2019 - Nov 2020



VACCINATIONS: Dec 2019 - Nov 2020



HUMAN INTEREST STORIES

MRS SUZY BAKO IKA

Mrs. Suzy Bako Ika's first visit to the RDM was on August 26th, 2020 when she registered for antenatal care. She was 16 weeks pregnant at that time. On her third ANC visit, she had an elevated blood pressure recording and following a series of thorough examinations and tests, she was immediately placed on anti-hypertensive medication for the control of her elevated blood pressure and was also scheduled for more frequent antenatal check-ups. When she was 30 weeks and 5 days pregnant, she was diagnosed with preeclampsia – a severe complication of pregnancy that could result in both maternal and perinatal mortality. Mrs.

Suzy was immediately admitted for strict monitoring and care to prolong her pregnancy so that the baby could mature enough for life outside the uterus.

However, three days after admission, her blood pressure shot up to a dangerous level, accompanied by a high temperature from likely sepsis and an intrauterine growth restriction. Because of these complications, the managing team commenced induction of labour to prevent any further risk to both her and her child. The RDM has the capability to care for premature infants and had the necessary experience and equipment to manage the attendant challenges that could

arise.

Mrs. Suzy eventually had a spontaneous delivery of a live but extremely low birth weight male child (1.3kg) who needed respiratory support. Thanks to the effort of the medical team, she was properly cared for and her blood pressure adequately managed post-delivery. She has been referred to the cardiologist for further expert management. Her child was cared for in the RDM's special care baby unit (SCBU) for about 1 month post-delivery and has been discharged at a healthy weight. Regular follow-up visits are scheduled for him and his health and growth will continue to be monitored.



MRS HIDAYATU MIKAILA ALIYU

Mrs. Hidayatu's first contact with the Rufkatu Danjuma Maternity was on April 28th, 2019 when she arrived in much distress after her inability to have a spontaneous delivery at another hospital. The foetus had died in utero, so she was rushed in for an emergency caesarean section to remove the foetus. Surgery was successful and she was discharged and counselled on the need for thorough antenatal care in her subsequent pregnancies. She returned to

the facility and registered for antenatal care on November 12th, 2019. The pregnancy experienced a complication at 13 weeks' gestational age, but this was managed properly in the facility. She was regular with her ANC visits and was counselled for a caesarean section at 39 weeks of pregnancy if a trial at spontaneous delivery failed. She presented to the facility at 39 weeks six days and the baby was successfully delivered by caesarean section, but she

continued bleeding after the surgery. Due to her medical history and complications, the facility had prepared for blood to be available for her surgery and she had a total of eight units of blood transfused as the bleeding was successfully controlled. She was discharged about one-week post-surgery. She is alive and well today and her baby is strong and healthy. She is very grateful for the care given to her by everyone at the RDM.



MRS DENNIS TIYANGRIMAM AYUBA

Mrs. Dennis Tiyangrimam Ayuba came to the RDM with a bad obstetric history, having been pregnant three times with none of the babies being born alive. Her first visit was on August 30th, 2019 when she registered for antenatal care. Her pregnancy was complicated early on with malaria at 13 weeks' gestational age, which could have led to the loss of the pregnancy, however, she was successfully managed

in the facility. She regularly attended her antenatal visits and never defaulted. She presented in labour on April 19th, 2020, two days past her due date, and eventually delivered a female child by spontaneous birth. However, there was a turn of events post-delivery as she bled profusely. She became anaemic and tilted into shock. She was immediately taken into the theatre for an emergency surgery

after all attempts at managing the bleeding conservatively failed. In surgery, the source of bleeding was located and arrested. She had a total of five units of fresh whole blood transfused and was discharged home after six days post-delivery. She is full of gratitude to everyone at the RDM for the care she and her baby received.



COMMUNITY COLLABORATION



In August 2020, T. Y. Danjuma Foundation and Development Africa met with community representatives to discuss community engagement, to listen to their suggestions, and answer questions pertaining to RDM procedures. Several changes to procedures and new initiatives were enacted due to community recommendations, such as a joint outreach programme between community leaders and RDM staff to sensitise community members on recommended medical procedures and practices that differ from cultural/traditional practices, the appointment of female security guards to more sensitively enforce security protocols for female visitors to the hospital complex and wards, and stricter safety protocols for visitors and visiting hours to the wards.

In September 2020, the RDM was the venue for a 2-day Glaucoma and Eye Screening Outreach in collaboration with T. Y. Danjuma Foundation. A team of eye specialists performed eye screening and treatment of various eye pathologies for the people of Takum and surrounding areas. People attended from far and wide to benefit from the free medical outreach.

RENEWABLE ENERGY



The renewable energy system continues to run smoothly and since December 2019 to November 2020, it provided the RDM with 17,374kwh of solar power while the RDM complex consumed 27,958kwh power in total. This means that the RDM derived 62% of its power from solar, resulting in minimum generator usage, reduced costs, and a greatly reduced environmental impact.

FACILITY EXPANSION

Due to the planned expansion of the hospital complex, T. Y. Danjuma Foundation sponsored additional recreational and staff facilities to promote the mental and physical wellbeing of the hospital staff. These new facilities include a staff hall and canteen, a fully equipped gym and doctors lounge, and a full-sized tennis court.



EXPANSION OF MEDICAL SERVICES

While the maternal and neonatal treatment provided by the RDM plays a vital role in reducing the rates of infant mortality and providing children with a stable and healthy start in life, sustained paediatric and child healthcare is essential for continued well-being. Throughout their early

developmental years, children and adolescents are vulnerable to health risks which often require dedicated treatment and care.

Sub-Saharan Africa accounts for more than half of the global child mortality rate for children aged 5-14. Nigeria is one of the seven countries which make

up 52 percent of global child mortality in this age group, with a rate of 20-30 deaths per 1,000 children. According to the United Nations, public health interventions need to address the particular health risks for the 5-14 age group, which differ from the primary risks among younger children³.



It is widely recognised that a lack of specialised treatment facilities for children in the post-neonatal phase leads to many avoidable deaths and that there is a clear and urgent need for increased specialised paediatric care in Nigeria.

³United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2017, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2017.

The expansion of the hospital

complex in Takum began in November 2019 with the construction of the new children's hospital sponsored by T. Y. Danjuma Foundation – the Kuru Danjuma Hospital for Children (KDHC). The KDHC will provide quality healthcare for children in the post-infant phase through to adolescence. Its co-location with the Rufkatu Danjuma Maternity facilitates synergy and cooperation and encourages the efficient handover from neonatal

to paediatric care. This promotes trust and confidence on the part of mothers and families who can return to the same location for treatment, encouraging consistent and sustained care throughout the vulnerable years of their child's development. The establishment of the Kuru Danjuma Hospital for Children also reduces transportation costs for families who will no longer have to travel further afield to find specialist paediatric care.



The KDHC will reduce pressure on the RDM and prevent overcrowding, as healthcare provision will be extended and distributed between the two facilities according to patient age. This will afford each facility the resources, space, and time to focus on the requirements of the infants and children in their care. Crucially, this will also ensure that mothers and infants at the RDM are not exposed to any healthcare risks from older children, while at the same time guaranteeing that those children receive the care and treatment that they need in the children's hospital nearby.



By allowing the RDM to maintain its focus on mothers and infants, the new facility will ensure that every child receives the support and care they need as they grow and thrive. The Kuru Danjuma Hospital for Children will be another hallmark development of T. Y. Danjuma Foundation, marking the next phase in the provision of quality and sustained mother and child healthcare in Takum.



Development Africa

3 Oriwu Street, Lekki Phase 1
P.O. Box 55897 Falomo-Ikoyi
Lagos State, Nigeria

+234 903 000 3344

+234 817 000 1112

info@developmentafrica.org

www.developmentafrica.org

RC11008